

**Leominster Recreation Department
Pre - School Program Summer 2005**

The Recreation Department will hold its Preschool Program this year, rain or shine; at the following site Skyview Middle School for children ages 2.9 - 5. The Program will run for eight weeks, 1-week sessions, beginning June 27 and ending August 19, 2005. Hours are 9:00 – 3:00 p.m. There will be extended day available for Pre-School age children this year for an additional cost if needed. See Extended Day costs. Children will have an opportunity to play sports, games, try their hands at Arts and Crafts, explore nature with other participants, field trips, story time and more.

REGISTRATION FEE: WEEK 1 - 8: \$75.00 per week/per child or \$19.50 per day. (\$28 registration fee will be collected at time of registration) Weekly advanced payments taken at site location.

Days attending: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Please **CIRCLE** the weeks you would like your child to attend:

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
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Participant First Name: _____ Last Name: _____

DOB: _____ AGE: _____ GRADE: _____ Sex: Male _____ Female _____

Address: _____ Home Phone: _____

City/State: _____ Zip: _____ E-mail: _____

*When emergency situations arise, we want to be able to handle them according to your wishes, if possible. Please fill in ALL the following information. Indicate by number () the order of preference for contacting the people listed.

Mother's Name: _____ () Mother's Phone #: _____

() Mother's Work #: _____ () Mother's Cell #: _____

Father's Name: _____ () Father's Phone #: _____

() Father's Work #: _____ () Father's Cell #: _____

Emergency Contact: _____ () Emergency Phone: _____

Doctor's Name: _____ () Doctor's Phone: _____

The Leominster Recreation Commission reserves the right to suspend any child from the program if there are behavioral problems that cannot be resolved.

GENERAL HEALTH: _____ ALLERGIES: _____

ANY SPECIAL MEDICAL CARE? _____

ACTIVITY RESTRICTIONS: _____

MY CHILD CAN BE PICKED UP ONLY BY (other than parent)

1. _____ 2. _____

**THIS FORM
MAY BE
DUPLICATED.**

PHOTOGRAPHY CONSENT AND WAIVER

___ My child _____ has permission to be photographed during Recreation programs for publicity purposes by members of the press.

___ My child _____ has permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.

___ My child _____ may NOT be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)

Sign Here:

Parent/Guardian: _____ Date: _____

Non-Resident Fee: Add \$5.00 per program. THIS FORM MAY BE DUPLICATED.